

INSTRUCTIONS

Section I – Laser Description(s)

For each laser indicate:

1. Type of laser: Lasing medium (HeNe, Nd:YAG, etc.)
2. Manufacturer of laser
3. Manufacturer's model number for laser
4. Manufacturer's serial number for laser
5. ANSI Class of laser (ANSI Z136.1)
6. MSFC Number (if applicable)
7. Operating mode: Continuous wave (CW), pulsed, scanned
8. Peak power: Rated maximum output of laser (W for CW, J for pulsed)
9. Pulse length: Pulsed lasers only, indicate pulse duration in seconds
10. Pulse Repetition Frequency (PRF): Pulsed lasers only, indicate PRF in Hz
11. Wavelength: Enter in nanometers
12. Optical fiber description: List the numerical aperture and mode

Section II – Area / Use Description

1. Use location: Give area (MSFC or NSSTC), building, and room number (if applicable). If laser will be used in more than one room list each room
2. Description of intended use: Brief description of what laser is to be used for
3. Proposed period of use: Maximum period is one year with annual renewals

Section III – Procedures

1. List all operating/alignment procedures: For those not available through the MSFC Integrated Library, please provide a copy

Section IV – System Users

1. List all personnel who will be using/operating the laser on a separate sheet and attach it to the first page of the Form. All personnel using/operating applicable OFCS are required to have an initial laser eye exam, laser training, and be certified per MWI 3410.1 PRIOR to starting work with OFCS.

OFCS LASER USE REQUEST / AUTHORIZATION

Responsible Person (Print/Sign)	Phone #	Organization Code	Building/Room	Date
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I. LASER DESCRIPTION (S)

1. Type Of Laser	2. Manufacturer	3. Model Number	4. Serial Number	5. ANSI Class	6. MSFC Number
7. Operating Mode	8. Peak Power	9. Pulse Length	10. Pulse Freq.	11. Wave Length	12. Optical Fiber Description
					Numerical Aperture

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II. AREA / USE DESCRIPTION

1. Use Location (Area, Building, Room)	2. Description Of Intended Use	3. Proposed Period Of Use From: To:
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III. PROCEDURES

1. List all operating/alignment procedures:

IV. SYSTEM USERS

1. Attach list of all system user/operators. Assure that each person listed has had an initial Laser Eye Exam and is certified per MWI 3410.1

V. RADIATION SAFETY REQUIREMENTS

VI. APPROVAL

Radiation Safety Officer

Date